| Division of Unemployment Insurance—Tax Audit Division | Telephone: 502-564-6838 |
|---|---------------------------|
| P.O. Box 948 | Fax: 502-564-5590 |
| Frankfort, Ky. 40602-0948 | Email: desauditors@ky.gov |

REPORTING POTENTIAL WORKER MISCLASSIFICATION OR FRAUD

You may report instances of unemployment fraud by providing answers to as many of the following questions as possible.

| Name of business committing fraud | |
|---|--|
| dba name if different | |
| Address of business | (Street address if known) (City) (State) ((Zip code) |
| Business phone number | |
| Business Fax number | |
| Business email | |
| Business website address | |
| Name of business owner(s) | |
| Name of person in Authority at the business and their title | |
| Has there been a recent change in | |
| ownership? If so, list past and present | |
| owners. | |
| How long has this business been operating? | |
| Approximate number of workers | |
| Does the business use subcontractors or independent contractors? | |
| What type work is this business engaged in? (i.e. construction, manufacturing, farming, sales, etc.) Explain. | |
| What is the nature of the violation you are reporting? Explain in detail. | |
| | |

| When did this issue occur/begin? | |
|--|---------------------------|
| If reporting misclassified workers answer the following | |
| Does the business/employer | |
| have direction or control over | |
| the worker(s) in question? | |
| Does the business/employer or | |
| the worker have the right to | |
| control the means and progress | |
| of how the work is done, other | |
| than for the final results? | |
| 3. Is the worker able to hire his/her | |
| own employees to assist with | |
| the work for the business? | |
| 4. Does the worker make the same | |
| type services provided for the | |
| business available to other | |
| clients or a customer | |
| community? | |
| OTHER Information you wish to provide: | |
| , | |
| | |
| | |
| | |
| | |
| | |
| Although it is not required, we appreciate having your name, address and phone number because we | |
| may have more questions we would like to ask. | |
| Your Name | |
| Your Address | (Street address if known) |
| | (City) |
| | (State) |
| | ((Zip code) |
| Your Phone number | |
| | |
| | |

Please feel free to include any documentation you may have such as newspaper clippings, photos, business cards, invoices or signed confessions. Please attach additional pages if you need more room to explain.